



ANNUAL PASS APPLICATION OR CHANGE REQUEST

ALASKA MARINE HIGHWAY SYSTEM
PASS DESK
7559 N TONGASS HWY.
KETCHIKAN, AK 99901
FAX: (907) 225-9398

INSTRUCTIONS: Mail or FAX this form to the address above. Keep a copy for your records.

CHECK ONE: New Application ☐ Change Request ☐ Annual Pass Number _____
Customer ID Number _____

Employee Name	Home Phone	Date
Mailing Address	Occupation Title	Union
City, State, Zip Code	Vessel	Crew

I hereby apply for an Annual Pass for free passage, on a space available basis, for myself, and, as applicable, my personal vehicle, spouse, and dependent(s) as listed below: (If this is a Change Request, enter the old information to be deleted, and the new information to be added.)

PERSONAL VEHICLE: The vehicle must be registered in your name. Attach a copy of the vehicle registration to this form. This is the only vehicle that will be authorized on the Annual Pass. If you acquire a different vehicle, be sure to submit a change request to update your pass.

	YEAR	MAKE	MODEL	VEH. LIC. NO. (Attach copy of vehicle registration)	STATE
ADD:	_____	_____	_____	_____	_____
DELETE:	_____	_____	_____	_____	_____

SPOUSE AND DEPENDENTS: Only the dependents listed below will be authorized on the Annual Pass. Be sure to submit a Change Request if there is a change in eligible dependents. Dependent children are defined as unmarried, under 19 years of age (unless attending an accredited college – attach proof of full-time attendance), and related by blood or legal action (adoption, step-children).

	NAME	RELATIONSHIP	AGE	BIRTH DATE OF DEPENDENTS
ADD				
ADD				
ADD				
DELETE				
DELETE				
DELETE				

I certify that I am an AMHS vessel crew member, and that I have been employed by the AMHS for two or more continuous years of service. I further certify that all the information on this Application or Change Request is true and correct.

Employee Signature: _____ Date: _____

SIGNATURE OF APPROVING OFFICER	TITLE	DATE	ANNUAL PASS NUMBER
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